

INFORMATION DISCLOSURE

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Application Number**Filing Date****First Named Inventor**

Group Art Unit

Examiner Name

Attorney Docket Number

20703Y

[illegible][illegible]Date
Considered

SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

Substitute for form 1449B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>				COMPLETE IF KNOWN	
				Application Number	09/888,304
				Filing Date	June 22, 2001
				First Named Inventor	Robert K. Evans
				Group Art Unit	1633
				Examiner Name	Wehbe, Anne Marie Sabrina
Sheet	2	of	2	Attorney Docket Number	20703Y

[illegible]

Examiner Signature		Date Considered	
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*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

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